

**Office of Criminal Justice Planning
VOCA Child Abuse Treatment (CHAT) Program
Progress Report**

1. Project Title: _____
2. Grant Award #: _____
3. Grantee: _____
4. Grant Period: _____
5. Address: _____
6. Report Period: _____
7. Report Prepared By: _____
8. Title: _____
9. Telephone Number: _____

10. Progress Report

- ☐ 3 Month Report
- ☐ 6 Month Progress Report
- ☐ 12 Month Progress Report
- ☐ Other (Specify): _____

11. Budget

- 1) Total Grant Award: (includes match) \$ _____
- 2) Total funds expended to date: (includes match) \$ _____
- 3) Items encumbered but not paid for: \$ _____
- 4) Total Grant Balance: \$ _____

Program Specialists Comments (for OCJP use only):

Program Specialist

Date

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Table 1: Personnel Changes

	Name of Staff	Position	Duties	Full Time Equivalency (FTE)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Table 2: Equipment

☐ Yes ☐ No If the Grant Award Agreement allows for equipment purchases, and equipment has been purchased, detail below.

	Equipment	Cost	Date Received	State Equipment Tag Number	State Tag Affixed (Yes/No)
1					
2					
3					
4					
5					
6					
7					
8					

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Narrative and Year End Project Summary

(Start typing Narrative here)

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Table 3: Project Objectives and Activities

Mandated Objectives		Goal (Projected #)	Primary Victims		Total to Date
			Reporting Period October 1 – March 30	Reporting Period April 1 – September 30	
1. Provide Treatment Services	Number of Child Victims provided treatment services.				
2. Assistance in Filing Crime Victim Compensation	Number of child abuse victims assisted in seeking crime victim compensation.				
3. Provide Criminal Justice Advocacy and Support Services	Number of child abuse victims provided advocacy and support services.				
4. Number of volunteers providing project services					
a.	What is the Full Time Equivalency (FTE) of the volunteers who assist in the execution of the project?				
b.	Number of volunteers who have completed the required 40 hour training.				

If volunteer has not yet completed the required 40-hour training provide, an explanation and timeline when training requirement will be met.

(Type explanation here)

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Table 4: Number of Victims that Received Services

Services	Primary Victims		
	Reporting Period October 1 – March 31	Reporting Period April 1 - September 30	Total
Crisis Counseling			
Follow-up			
Therapy (must be licensed therapist or intern under supervision)			
Group Treatment/Support			
Shelter/Support			
Information and Referral (in-person)			
Criminal Justice Support/Advocacy			
Emergency Legal Advocacy			
Assistance Filing for Compensation			
Personal Advocacy			
Telephone Contacts (information and referral)			
Other (specify)			
-			
-			
-			
Total			

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Table 5: Types of Abuse and/or Neglect

Types of Abuse/Neglect	Primary Victims		
	Reporting Period October 1 – March 31	Reporting Period April 1 - September 30	Total
Physical Abuse			
Sexual Abuse and/or Exploitation			
Emotional Abuse			
Neglect			
Domestic and/or Family Violence			
Parental Substance Abuse and Endangering Life Style			
Child Abduction by a Stranger, Family Member, or Acquaintance			
Child Maltreatment and Violence in the School or Community, to Include Hate Crimes			
Other (Specify)			
-			
-			
-			
Totals			
Total # of Victims Served			

Table 6: Age and Gender of Child Victims Served

Age	Male Child Victims			Female Child Victims		
	Reporting Period October 1 – March 31	Reporting Period April 1 – September 30	Sub- Total	Reporting Period October 1 – March 31	Reporting Period April 1 – September 30	Sub- Total
0 - 2						
3 - 5						
6 - 12						
13 - 17						
Totals						

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Table 7: Ethnicity of New Victims Served

Ethnicity	Primary Victims		
	Reporting Period October 1 - March 31	Reporting Period April 1 - September 30	Sub-Total
Caucasian			
Hispanic			
African-American			
Amercian-Indian			
Asian			
Filipino			
Pacific Islander			
Bicultural (specify)			
-			
-			
-			
Other (specify)			
-			
-			
-			
Unknown			
Totals			

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Table 8: Primary Language of New Victims Served

Language	Primary Victims		
	Reporting Period October 1 – March 31	Reporting Period April 1 – September 30	Sub-Total
English			
Spanish			
American-Indian			
Hindu			
Korean			
Japanese			
Chinese			
Southeast Asian			
Tagalog			
Other (specify)			
-			
-			
-			
Totals			

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Table 9: Disability of New Victims Served (if applicable)

Disability	Primary Victims		
	Reporting Period October 1 – March 31	Reporting Period April 1 – September 30	Sub-Total
Physically Disabled			
Developmentally Disabled			
Learning Disabled			
Hearing/Impaired/Deaf			
Other (Specify)			
-			
-			
Totals			